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## \*BIBDATASHEET\*

CONFIRMATION NO. 4373

Bib Data Sheet

SERIAL NUMBER 09/976,603	FILING DATE 10/09/2001  RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 98P1008US02
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*[Signature]* This application is a CIP of 09/803,271 03/09/2001 PAT 6,484,056  
which is a CIP of 09/073,394 05/05/1998 PAT 6,233,483  
which claims benefit of 60/046,610 05/15/1997 \*  
(\*Data provided by applicant is not consistent with PTO records.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*[Signature]* *none*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/30/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 16	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>[Initials]</i>				

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## TITLE

System and method of generating an optimal three-step defibrillation waveform for use in an implantable cardioverter/defibrillator (ICD)

FILING FEE  RECEIVED 758	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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